

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|--------------|----------|-----------------|
| FEE DETERMINATION | <i>Mr. M</i> | | <i>\$131.00</i> |
| O.I.P.E. CLASSIFIER | | <i>5</i> | <i>1-13-00</i> |
| FORMALITY REVIEW | | | |
| RESPONSE FORMALITY REVIEW | | | |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 ÷ Restricted O Objected

| Claim | Date |
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| Final Original | |
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If more than 150 claims or 10 actions
staple additional sheet here

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